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12/15/2004

KLAUS J. BACH & ASSOCIATES 4407 TWIN OAKS DRIVE MURRYSVILLE, PA 15668

01/28/2005-HDEMESS2-00000018-500465---10677606

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TOTAL FEE(S) DUE

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	APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	J
10/677,606 10/02/2003		10/02/2003	Uwe Waeckerle	TD 146	8945	

TITLE OF INVENTION: METHOD OF TRANSFERRING SEMICONDUCTOR CHIPS

SMALL ENTITY

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nonprovisional YES  EXAMINER  THOMPSON, CRAIG		\$700		\$300	\$1000	03/15/2005
		ART UNIT		CLASS-SUBCLASS	]	
		2813		438-113000		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			(1) the nation or agents (2) the nation registered 2 register	nting on the patent front page, li ames of up to 3 registered pater OR, alternatively, ame of a single firm (having as a d attorney or agent) and the name ed patent attorneys or agents. If name will be printed.	a member a 2	laus J. Bach

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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PUBLICATION FEE

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Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government					
4a. The following fee(s) are enclosed:   Issue Fee  Publication Fee (No small entity discount permitted)  Advance Order - # of Copies	4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 500 465 (enclose an extra copy of this form).				
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